



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

**FORM ORG**

HDA

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
ETHICS COMMISSION

05 JUN 20 10:14

RECEIVED

For lobbying reporting period: Contact person Glenn Okihira DDS Phone 455-4173  
[ ] January 1 - last day of February Organization Hawaii Dental Association  
[X] March 1 - April 30 Mailing Address 1345 S. Beretania St  
[ ] May 1 - December 31 Honolulu, HI 96814  
Year of Report 20     

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 10,000.00

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists		11. Other disbursements	
<u>\$10,000.00</u>		TOTAL EXPENDITURES	<u>\$10,000.00</u>
6. Fees (other than to lobbyists)			

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
<u>Donna Ikedy</u>	<u>PO Box 25847 Honolulu, HI 96825</u>	<u>10,000.00</u>

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address

Amount or value

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☒ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address

Amount or value

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☒ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address

Amount or value

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Glenn M. Okishima DDS

(Signature of authorized person)

6/17/05

(Date)

Name of authorized person (type or print)

Glenn Okishima DDS

Title of authorized person

legislative Chairman